

100 R - REC 1

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 10/370166 FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1					
TOTAL DEP.	14	↔	↔	↔	↔	
TOTAL CLAIMS	15	██████████	██████████	██████████	██████████	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
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